



303838



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IN	000715276

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Petersburg Generating Station		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER RR 1 Box 266	
03 CITY Petersburg	04 STATE IN	05 ZIP CODE 47567	06 COUNTY Pike
09 COORDINATES LATITUDE 38° 29' 36" N		07 COUNTY CODE 125	
LONGITUDE 87° 15' 51" W		08 CONG DIST 8	
10 DIRECTIONS TO SITE (Starting from nearest public road) Petersburg Quadrangle			

From Indianapolis US 40 W to US 41S. Exit on SR 56 driving east to Petersburg SR 56 intersects with SR 57, which is RR 1. The facility is just north of the Petersburg city limits.

III. RESPONSIBLE PARTIES

01 OWNER (If known) Indianapolis Power & Light Company		02 STREET (Business, mailing, residential) 25 Monument Circle, P.O. Box 1595B	
03 CITY Indianapolis	04 STATE IN	05 ZIP CODE 46206	06 TELEPHONE NUMBER (317) 261-8556
07 OPERATOR (If known and different from owner) Robert A. McKnight, Chief Env. Eng.		08 STREET (Business, mailing, residential) same	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER (317) 261-8556
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)	
CONTRACTOR NAME(S): _____			

02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input type="checkbox"/> UNKNOWN
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04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED None

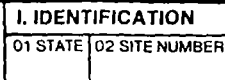
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION None
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V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Harry Atkinson	02 OF (Agency/Organization) DEM	03 TELEPHONE NUMBER (317) 232-8927	
04 PERSON RESPONSIBLE FOR ASSESSMENT Dana Reed	05 AGENCY DEM	06 ORGANIZATION SHWM	07 TELEPHONE NUMBER (317) 232-8930
08 DATE 1/26/88		MONTH DAY YEAR	



<input type="checkbox"/> A. TOXIC	<input type="checkbox"/> E. SOLUBLE	<input type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

SHWM files

phone interview with Messrs. Terry Hogan and Dwayne Burke 1/26/88

TELEPHONE CALL REPORT

Date 1 / 26 / 88Time 1:30pFrom: Dana Reed, SiteTo: Terry Hogan, EnvironmentalInvestigation SectionEngineer - IPLCOSubject Discussed Petersburg Generating StationSummary

Called for information to complete the preliminary assessment

Action RequiredDetails

Mr. Hogan informed me that the Petersburg facility is a small quantity generator of non-listed hazardous waste - all of which is transported off site. The facility has a NPDES permit for its wastewater treatment plant ash ponds and ~~is~~ a permitted monofill for its stabilizer ~~scrubber~~ scrubber sludge from its SO₂ emissions in liquid sludge.

File in County Pike 3B